

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39470** (2)

1. Corporation Name
SAVE OUR SILVERS FOUNDATION, INC.



Principal Place of Business: 17771 SW 51 ST, FT. LAUDERDALE FL 33331, US
Mailing Address: 17771 SW 51 ST, FT LAUDERDALE FL 33331, US

3. Date Incorporated or Qualified: 08/07/1990
3a. Date of Last Report: 08/10/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0253398
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
JOHNSON, JEANNIE
17771 SW 51 ST
FT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	JOHNSON, JEANNIE	
STREET ADDRESS	17771 SW 51 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	JOHNSON, LARRY	
STREET ADDRESS	17771 SW 51 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KESTEN, IRENE	
STREET ADDRESS	9165 S. OCEAN DR.,APT 6G	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, CHARLENE	
STREET ADDRESS	P. O. BOX 351 N/A	
CITY-ST-ZIP	TRILBY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, PETER	
STREET ADDRESS	4645 BLUE PINE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ALICIA	
STREET ADDRESS	4645 BLUE PINE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 3/20/96 DAYTIME PHONE #: 954-680-7730

CR2E037 (12/95)